

Data Sheet

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| USAID Mission: | Haiti |
| Program Title: | Health Systems |
| Pillar: | Global Health |
| Strategic Objective: | 521-003 |
| Status: | Continuing |
| Planned FY 2006 Obligation: | \$19,801,000 CSH; \$24,282,000 GHAI |
| Prior Year Unobligated: | \$0 |
| Proposed FY 2007 Obligation: | \$0 |
| Year of Initial Obligation: | 1995 |
| Estimated Year of Final Obligation: | 2006 |

Summary: USAID is expanding basic services and strengthening governance in Haiti's fragile health sector through continuing support to direct services through non-government and community-based organizations, coupled with funding to decentralized Ministry of Health (MOH) management and leadership. USAID's program funds a network of NGO and government health facilities to provide a package of health services that address health budget priorities and technical challenges: maternal and child health, including immunization and nutrition; family planning and reproductive health care; ante-natal care; tuberculosis detection and treatment; policy norms and procedures; health information systems; and advocacy. USAID also provides technical and management assistance to improve host government leadership and oversight capacity over donor resources. USAID has begun to strengthen its partnerships with several important new resources, including the active Haitian medical diaspora, as well as taking greater advantage of its position to broker donations of essential medicines and other materials.

All family planning assistance agreements will incorporate clauses that implement the President's directive restoring the Mexico City Policy.

Inputs, Outputs, Activities:

FY 2006 Program:

Improve Child Survival, Health and Nutrition (\$9,356,000 CSH). USAID is continuing to provide technical assistance and operational support to 30 local NGOs to provide basic child survival and related primary care services. Over 40% of the Haitian population is benefiting directly from these services. USAID is continuing support to the MOH maternal and child health services in the context of coordinated, departmental planning and monitoring. USAID is also providing technical guidance to expand best practices to other areas of Haiti to leverage results from other donor resources, particularly following the successful strategy for child immunization. USAID is promoting new public-private partnerships in marketing affordable water purification products, food fortification, and other essential interventions for which non-government resources could be engaged. With the prospect of a democratically-elected government and parliament in place in 2006, USAID will support the government's efforts to develop policies and legislation for child protection and the rights of vulnerable populations. The program is continuing to strengthen decentralized management and leadership capacity of the MOH, particularly at the departmental level. P.L. 480 Title II activities contribute to results as part of an integrated program. USAID is leveraging results from other donors through improved coordination and technical oversight by MOH Departmental Directorates. Principal implementers: Management Sciences for Health (MSH), Partners in Health (PIH), Population Services International (PSI), and John Snow Incorporated.

Improve Maternal Health and Nutrition (\$1,584,000 CSH). Maternal mortality in Haiti remains the highest in the Western Hemisphere, largely due to poor quality maternity services and ineffective referral systems for complicated home deliveries. USAID continues to improve skills of

community-based birth attendants and ensure supervision and referral linkages for maternity clinics. Maternity clinics are also becoming better equipped, and clinical staff trained and supervised to increase maternal survival in births with complications. P.L. 480 Title II activities also contribute to results as part of an integrated program. Principle implementers: MSH, JHPIEGO.

Prevent and Control Infectious Diseases of Major Importance (\$990,000 CSH). USAID is providing technical leadership to influence programming of malaria program funds under the Global Fund for AIDS, Tuberculosis and Malaria (GFATM), using a major study with FY2005 funds. The program links to the President's Emergency Plan for AIDS Relief (PEPFAR), the GFATM and other resources to strengthen TB case-finding, screening and care to improve the effectiveness of the national TB program. Principal implementers: Tuberculosis Coalition for Technical Assistance (TBCTA), Partners in Health (PIH), MSH, and CARE.

Reduce Transmission and Impact of HIV/AIDS: See the State Department Congressional Budget Justification, Global HIV/AIDS Initiative section for a discussion of this program.

Support Family Planning (\$7,871,000 CHS). USAID is targeting interventions to improve the quality of services provided in the public and private sector and to satisfy the 40% unmet need for family planning. This includes expansion of method mix and demand-generation activities. The program is continuing to improve ante-natal and delivery care to reduce Haiti's high maternal death rate, strengthen essential maternal and neonatal care with a comprehensive package of services, and seek to bring to Haiti best practices from other USAID programs in Latin America and, where appropriate, in Africa. USAID is also reinforcing the capacity of institutions nationwide to provide family planning through training, technical assistance to improve logistics systems, policy advocacy, and technical leadership, to improve service quality. In addition, USAID is supporting the provision of reproductive health services with other primary health care services at hard to reach public service delivery sites through an indigenous umbrella organization. Faith-based organizations (FBOs) are continuing to promote natural family planning counseling through the NGO network. Reproductive health services are being integrated with HIV-related activities under PEPFAR and under the Global Fund (GFATM). Principal implementers: JHPIEGO, the Futures Group, MSH, Population Services International (PSI) and AOPS.

FY 2007 Program:

There will be no new obligations to this Strategic Objective. A new strategy will begin in FY 2007.

Performance and Results: Haiti's fragile health sector has faced serious challenges this past year. In order to maintain basic services in the face of a deteriorating security situation, partners developed creative contingency plans for everything from personal safety of staff to alternative commodity logistics systems and alternative venues for training and technical consultations when external consultants were prevented from coming to Haiti. Despite these hardships, the primary health activity surpassed its immunization achievements of 2004 and resulted in over 95% of children fully immunized in target areas. Modern family planning use increased to 31% in target areas. Pregnant women receiving three or more pre-natal consultations reached 55% against the target of 50%. Over 440,000 children received Vitamin A supplementation, a ten-fold increase from 2004. Nearly 40,000 malnourished children received food rations, and basic health services were provided to poor communities through 25,000 rally posts. The new decentralized management approach with the MOH has improved leadership and responsibility within the MOH Departmental Directorates for program oversight, and shows great promise for the future.

By program completion, an additional 500,000 young children will be protected from deadly but vaccine-preventable diseases for each year of the program. Hundreds of thousands of women and vulnerable children will be healthier and more productive from nutritional counseling and direct food supplements. Women and couples will be able to decide the number of children they want, and when. Pregnant women will find better equipped delivery facilities and trained staff in roughly 40% of the country. This will help decrease the number of women who die in childbirth.

Screening and treatment services for TB and STIs will be extended to more under-served areas, and a higher percentage of TB patients will complete their full course of treatment. The program will have solidified a more efficient approach to funding and monitoring health services in Haiti, through performance-based contracting to NGOs and in close partnership with the MOH and local civil society for greater accountability. Improved information and resource management systems will enable public sector health services to become more efficient and accountable. Through technical assistance and active public-private partnership, the program will have improved the management and leadership capability of central MOH and decentralized health directorates to coordinate health activities and partners in their zones to leverage funds of other donors.

US Financing in Thousands of Dollars

Haiti

| 521-003 Health Systems | CSH | DA | ESF | GHAI |
|---------------------------------------|--------|-------|---------|--------|
| Through September 30, 2004 | | | | |
| Obligations | 54,529 | 6,335 | 118,788 | 5,123 |
| Expenditures | 21,799 | 6,335 | 117,911 | 7 |
| Unliquidated | 32,730 | 0 | 877 | 5,116 |
| Fiscal Year 2005 | | | | |
| Obligations | 19,258 | 0 | 0 | 21,479 |
| Expenditures | 29,645 | 0 | 118 | 4,057 |
| Through September 30, 2005 | | | | |
| Obligations | 73,787 | 6,335 | 118,788 | 26,602 |
| Expenditures | 51,444 | 6,335 | 118,029 | 4,064 |
| Unliquidated | 22,343 | 0 | 759 | 22,538 |
| Prior Year Unobligated Funds | | | | |
| Obligations | 0 | 0 | 0 | 0 |
| Planned Fiscal Year 2006 NOA | | | | |
| Obligations | 19,801 | 0 | 0 | 24,282 |
| Total Planned Fiscal Year 2006 | | | | |
| Obligations | 19,801 | 0 | 0 | 24,282 |
| Proposed Fiscal Year 2007 NOA | | | | |
| Obligations | 0 | 0 | 0 | 0 |
| Future Obligations | 0 | 0 | 0 | 0 |
| Est. Total Cost | 93,588 | 6,335 | 118,788 | 50,884 |